ONE CHILD PER FORM!!

COLUMBIA COUNTY RECREATION DEPARTMENT P. O. BOX 498

EVANS, GA 30809 (706) 863-7523 ONE CHILD PER FORM!!

PARTICIPANT'S NAME:		SPORT/LEAGUE:				
LAST (as on birth	certificate) FIRST	г м				
ADDRESS:						
NO. & STREET (MAILING	IF DIFFERENT)		CITY		ZIP	
HOME PHONE:	BIRTH DATE_	/ /	MALE:	FE	MALE:	
SCHOOL ATTENDING:		GRA	ADE:	IN-	COUNTY/OUT-OF-COUN (CIRCLE ONE)	TY
FATHER'S NAME:		WORK	PHONE:	EMP:	LOYER:	
LAST FIR	ST					
MOTHER'S NAME:		WORK	PHONE:	EMP:	LOYER:	
LAST FIR	ST					
PLEASE READ THE FOLLOWING AND SIGN	•					
	_		G -1	- 0- 0		/
I/We the parents of the above-name		-		_		-
approval to his/her participation in	-		_			
hazards incidental to such participa	-	_			=	_
release and hold harmless Columbia	County, the Rec	reation Dep	artment, its	employees, spo	onsors, participant	s and
persons transporting my/our child,	to events or act	ivities from	m all actions,	, suits, claim	s, injuries, damage	es and
demands for any and all forms of	damages or inj	ury to pers	ons or proper	rty, including	g all consequentia	ıl and
derivative damages resulting from	or in any way	associated	with my atte	ndance at eve	ents held at any (county
Recreation Facility.						
-			REQUESTED AF	REA: (PLEASE	E CIRCLE ONE)	
		HARI	~	•	ME-MARTINEZ-EVAN	S
PARENT'S SIGNATURE DAT				01.012101.11	1111 1111111111111111111111111111111111	_
WOULD YOU BE INTERESTED IN VOLUNTE		ITH SPECIAL	EVENTS C	COACHING	UMPIRING	
NOODS TOO DE INTERNEDIES IN VOLUNTE.				.0110112110		
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		_				
FEES: RESIDENT \$OUT-OF-COUN	ITY \$ LAT	면 워 <u></u>	_ TOTAL RECE	- ٧타レ 후	STAFF	
WAIVER CASH CHECK/M	MONEY ORDER #		RECEIPT #			
DOC/FORMS/SPORTS/2003YOUTHREGISTRATION/U	PDATED10-03		_			